MINUTES
Stakeholder Conference Call
June 30, 2006

Attendees: Stakeholders, Regional Community Services Staff, HarmonyIS Milestone Oversight team, HealthCarePerspective LLC team, Mrs. McIntosh-Wilson, and Fordyce Mitchel, Daphne Rosalis

Our topics today mostly came out of the regional meetings from around the state. Daphne and I visited all regions during a 3 day tour of Alabama. We very much enjoyed our sessions with the provider community. We got a pretty good cross section of folks that came and listened to us present then gave us feedback. We found that when we were able to have Becky Novak with us she was able to illicit probably 30% more questions and concerns than we were able to illicit on our own. We are going to go over some of the highlights of the concerns that were expressed. We probably won't have answers to some of the questions today, but we can tell you that we have it on the agenda or will get it on the agenda to work through with the folks at harmony.

1. There were concerns about span billing and I would just say that you will be able to span bill the same as you do now through MRSIS just as you do in EDS. Until and unless Medicaid changes its rules about span billing the Department will not impose any more stringent limit than Medicaid does.
2. There were a number of concerns about how case managers will know the information they need to know in order to submit the POC because the POC will drive the prior authorization. Specifically there were concerns about the case manager knowing the procedure code to submit. We think that this is a matter of communication between the team. The provider needs to be in the planning meeting and ensure that case manger knows the correct procedure code.
3. The other concern was that case managers would not know what match source to use. We are saying that every person for every service has to have a designated match source either state or local. A case manager doesn't know this generally. That is okay, over time the case manger will learn more about the system, but in the mean time it is not necessary for them to know the match source because it has not been put on the POC. The match source is a negotiation between the direct provider and the regional office.
4. There were concerns about local match. We have tried to publish how the local match account will work on the web site. I will go through it briefly again. It will work just the same as it does now. The donor will send a check to the Departments MR Community Services account, the money will be registered in the account and deposited and the state check will be forwarded to the contractor within 10 days. The question came up about changing who is funded with state money and local match. In general you can; however there is a limit to how many changes the regional office can make in a short amount of time. This is a thing that can be requested and if the regional office can handle it they will. It is a matter of going to the prior authorization and changing the fund code service by service person by person. For an

occasional change it is not hard to do. We will try to publish more detail about these issues on the web site.

5. There were concerns about the CSR report no longer being available. Questions such as: how will the new 24 hour turn around time for error reports affect my billing and how will I get information from sub-contractors in time to submit the claim and hit the check write, surfaced during the meetings. It will cause a change in the work flow. The issue is that currently the billing clerk can get an error report back within an hour or two from EDS. The error report is called the CSR Report. The CSR report is not HIPAA compliant so EDS will not support this report after May 2007. By that time you will be billing MRSIS. MRSIS will provide you with the equivalent of the CSR report but it will take 24 hours to receive the report rather than 1-2 hours. You will need to have your clerk prepare your claims and submit them earlier than before. Generally speaking there is a bit of a compression on your business process to get information from sub contractors so you will need to be thinking of ways to get this information in. You can break your claims apart, you can bill in increments, you can have the sub contracting agency bill you by an electronic 837, you don't have to continue to bill the way that you are now.
6. Questions about exceeding Plan of Care units were asked such as: will I get paid for units of service that exceed the POC units, how will I justify exceeding POC units for a Medicaid review, and will I need to write a new POC if I exceed the units. This is a complicated issue. Right now if you exceed the units on the POC different people do different things. Some people change the POC while other people simply make notes in their record to justify why units were exceeded. Our approach is to put an annual number of units in the prior authorization and yes you can bill more units in one month and less in another as long as you don't exceed the annual maximum. What you have to do to document for Medicaid. We will ask Medicaid what they will require and accept. I think it will be a matter of not changing the POC but will probably more a matter of making a note.
7. Questions about how prior authorization system works were asked. We have not sculpted all the detail about the PA system with the Harmony folks so there is still plenty of room to explore. We hope to have an answer to those questions within the next few weeks.
8. There were many questions about user license such as: how will I terminate and re-assign a user license, do I need a license if I am the administrator, what is the turn around time for terminating and re-assigning a user license, and will I need two license (for MRSIS and ASAIS) if I serve both MR and SA clients. In terms of terminating a user license and re-assigning the license to someone else the process has not been completely planned out however it is an issue that is being worked on. We hope to have a person here in Montgomery dedicated to Harmony that will focus on security issues such as user license. There will be an official process for this but it has not been developed yet. In terms of administrators that are curious about the system and may want to run a report using Two-Part Harmony our response is if you are not in the system everyday doing daily tasks you probably won't need a user license. What you will get out of MRSIS through the people that use the system everyday is very detailed reports that they will be able to run whenever necessary. The turn around time for terminating a user license and re-assigning the license to a

new user has not been established but we know that terminating the license is critical and needs to happen in a timely manner. For the comprehensive agencies that serve and bill for both MR and SA clients you will only need one license in order to go into Two-Part Harmony to bill for both services.

9. Training was a big topic brought up in our regional meetings especially on-going training. We have been able to nail down the initial training, brining in pilot sites and community service liaisons that will be trained along side of the pilot site and ensuring that all users are trained before we go live. We are taking the train the trainer approach by training people regionally and centrally as well as providers. We are hoping to have experts in the field that will be willing to assist other providers if necessary. Beyond this, we understand that there will need to be continued on-going training for new employees or trainers as things change in MRSIS. We understand this is a question and we need to get a more specific plan in place. There will be on-going support in addition we will have a user guide to MRSIS to assist in helping users.
10. Another topic that was brought up in a meeting was about correcting claims in Two-Part Harmony. If a claim is submitted in MRSIS before the check write can I go into the system and make a correction? I'm not sure about the answer to this question, but the Harmony project manager believes that it is a possibility and would really rely on when EDS wants Harmony to send the claims.
11. For 837 submitters the question about getting individual IRBI rates into their system in order to bill for residential services was raised. The question came from someone that is used to having the average or blended IRBI rate. We will go with individual IRBI rates with the new system and it is a matter of developing your own system to support those individual rates and plug them into your 837 billing. Two part harmony users will not have a problem with this because the individual IRBI rate will be in the system when they go to bill.
12. Another issue expressed by quite a few case management agencies was if you have the case manager submitting eligibility information, enrollment applications, and plans of care the case manger supervisor would like the opportunity to review the information before submitting it to the regional office. We would appreciate this as well. Consequently we have expressed this need has been taken to Harmony and they are taking it under advisement to see how this can be handled. While there may be the ability to review case management paperwork on-line before submitting it to the regional office the likelihood of having the ability to review claims information before it has been submitted to MRSIS is probably unlikely.
13. We have billing agents or individuals that bill for other agencies in nearly all of our regions. The question came up as to how the license will work for the billing agent. The billing agent will receive a two-part harmony license in order to bill for the agency. What we will need to do as we start to look at requested numbers of user license versus what we have budgeted for is to decide how the user license for the provider will work. Will the provider receive a license and the billing agent? This is still in question but for anyone that was in the regional meeting we handed out a survey that asked for names of users that would be using two part harmony on a regular basis. There will be a list compiled of the names we received and we'll begin to finalize the list of users.

14. We continue to discuss with Harmony issues that we just mentioned. There are other issues that are more technical concerns and we have noted them and will discuss those with Harmony as well. We're in general talking to the development team about the prior authorization system about how many service lines can be submitted on a claim, about training methodology, about the process for terminating and reassigning user license, and then the case management progress note module. That's what we did this week.
15. No further questions. The next conference call is scheduled for July 14, 2006.